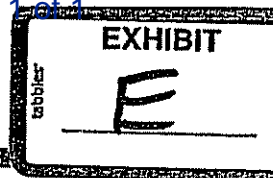


07 C 6995

JUDGE MORAN  
MAGISTRATE JUDGE NOLAN

MetLife®

NEF  
NEW ENGLAND FINANCIAL  
A MetLife AffiliateGenAmerica  
FINANCIAL  
A MetLife Affiliate

For Company use only:

Branch/District and Agency Numbers \_\_\_\_\_ / \_\_\_\_\_

Payment Direction (circle one): Payee Branch/District Broker

## Individual Life Death Claim Form

In order to process your claim as quickly as possible we need some information about you and the insured. Please submit the insurance policies, and an official certified copy of the death certificate with the claim form. Each claimant must submit his or her own claim form. Only one certified copy of the death certificate must be submitted.

## A. Insured Information

Name PEGGY GOODMAN Date of Death 3-5-06

Please list all life insurance policy numbers on which you are filing claim

906 330 155UL

All policies listed above (except those where claim is being made under a Waiver of Premium rider) should be submitted with your claim. If policies are not attached, please state why: \_\_\_\_\_

Address \_\_\_\_\_

Number Street Name

Apt/Box # (if any)

City

State

Zip

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow/Widower ☒ Separated \_\_\_\_\_ Divorced \_\_\_\_\_Date of Birth 9-1-1928 Place of Birth \_\_\_\_\_

Is Claim being made for Accidental Death Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please refer to the Additional Information on page 6.)

If you would like us to check for additional life insurance coverage with MetLife or with one of our affiliates listed above, please be sure to complete Section G of the claim form on page 4.

## B. Claimant Information

Name Tarish Whit Morris Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female ☒

Social Security or Trust/Estate Identification Number or Social Security Number of any minor child: \_\_\_\_\_

Phone Number (in case we need to contact you). Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Number Street Name

Apt/Box # (if any)

City

State

Zip

Your relationship to the insured: Husband/Wife \_\_\_\_\_ Child ☒ Other \_\_\_\_\_ (Explain)

E-mail Address (if available) \_\_\_\_\_

## C. Claimant Signature &amp; Tax Certification

Your Social Security or Trust/Estate Identification Number or Social Security Number of the minor child: \_\_\_\_\_

If you are claiming on behalf of a minor child, please provide the child's name, address, and telephone number

Under the penalties of perjury I certify:

1) That the number shown above is the correct taxpayer identification number; and 2) That I am not subject to backup withholding and have not been notified by the IRS. (If you have been so notified as a result of a failure to report all interest and dividend income, cross out and initial item 2. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications to avoid backup withholding).

Sign Here [Signature] \_\_\_\_\_

Your Signature

Date

Witness' Signature \_\_\_\_\_

Date

GenAmerica Financial Corporation  
MetLife Investors USA Insurance Company  
Metropolitan Life Insurance Company  
Metropolitan Insurance and Annuity Company  
Metropolitan Tower Life Insurance Company  
New England Financial

Print Witness' Name

Witness' Address

Date (month)

P.5/6

To: 14908273407

1 651 490 0802

APR-18-2006 15:54 From: 1ST NATIONAL

REDACTED